

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	HC		10-2-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	BZ	5C3-882	11-02-01
RESPONSE FORMALITY REVIEW			

Best Available Copy

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Date
Final	Original
1	1/2/01
2	1/2/01
3	1/2/01
4	✓✓✓
5	✓✓✓
6	✓✓✓
7	✓✓✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here